PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10695390

(Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			42				- 1	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		* 12			X\$ 9=		OR	X\$18=	216	
INDEPENDENT CLAIMS			€ mi	nus 3 =	* /			X43=		OR	X86=	86	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTAL	<u> </u>	OR	TOTAL	1007/		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Column		(Column 3)	. ,	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MU	Minus			=		X43=		OR	X86=		
L	FIRST PRESE	ENTATION OF MIC	JETIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
4ME	Independent	<u> </u> *	Minus	***		= .	ll	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		╵┟	+145=			+290=		
								TOTAL		OR			
		A	DDIT. FEE		OR.	TOTAL ADDIT. FEE							
_	`	(Column 1) CLAIMS		(Colum		(Column 3)	-						
AMENDMENT C	•	REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		 	+145=			. 200		
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL		
** [f the "Highest Nu	mber Previously Pa mber Previously Pa	id For' IN THIS	SPACE is	less than	20, enter "20."	A	TOTAL DDIT. FEE		OR ,	ADDIT. FEE		
		nber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		